

DHHS Perinatal Infection Screening Flow Chart

Screening for All Birthing People



1st Trimester



Upon pregnancy diagnosis at any healthcare facility

- **HIV** (4th Generation Ag/Ab)
- **Hepatitis B** surface antigen (HBsAg)
- **Hepatitis C** antibody
- Syphilis
- Chlamydia/Gonorrhea

Early 3rd **Trimester**



28-32 Weeks of Pregnancy

- **HIV** (4th Generation Ag/Ab)
- Hepatitis B surface antigen (HBsAg)
- Syphilis

Birthing People with Risk Factor(s)



Additional Testing at 36 Weeks and Delivery

- **HIV** (4th Generation Ag/Ab)
- Hepatitis B surface antigen (HBsAg)
- Hepatitis C antibody
- Syphilis
- Chlamydia/Gonorrhea

Risk Factor Examples

Sexually transmitted infections (STI) at any point in the pregnancy, injection drug use, sexual partner who injects drugs or shares drug equipment, partner with HIV or STIs, new partner or more than one partner, exchange of sex for money or drugs.

No/Late Prenatal Care, Incomplete Screening or Ongoing Risk Factors



Rapid or STAT Testing Upon Presentation to Any Medical Facility including L&D and ED

- **HIV** (4th Generation Ag/Ab)
- Hepatitis B surface antigen (HBsAg)
- **Hepatitis C** antibody
- Syphilis
- Chlamydia/Gonorrhea

Additional Points

- All positive tests for HIV, hepatitis B, hepatitis C, and syphilis require prompt consultation with adult infectious disease, pediatric infectious disease, and experienced perinatal providers
- Any positive HIV, hepatitis B, hepatitis C, and syphilis test must be confirmed.
- All birthing people who have signs or symptoms of acute HIV infection should additionally be tested with a plasma HIV RNA (viral load). Consult Infectious Disease.
- All birthing people who are HCV Ab positive should be tested with HCV RNA.
- Patients can consent to an HIV test verbally or in writing. Providers must document the refusal and the reason for the refusal if a test is offered and declined.
- Hospitals must have procedures in place to report confirmatory HIV test results to the patient.
- A pediatric HIV specialist should be notified about any HIV-positive birthing person's treatment history and viral load so that a care plan can be initiated prior to delivery.

Reporting

- Any positive HIV, hepatitis B, hepatitis C, or syphilis test must be reported to the local health department in the county where the birthing person resides.
 - Michigan Adult HIV Confidential Case Report Form: https://bit.ly/3tctE9A
 - Michigan Pediatric HIV Confidential Case Report Form: https://bit.ly/3NR816U
- People who test positive for HIV, hepatitis B, hepatitis C and/or syphilis must be reported within 24 hours, of diagnosis or discovery, to the local health department in the county of which the patient resides. (Per section 333.5111 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended). Please also call MDHHS at 313-456-1586 to report cases.

M&DHHS Infant Infection Screening and Response Flow Chart

HIV Exposure



Infants Born to **Person with HIV**



Consult Pediatric HIV Specialist

All infants born to a person with HIV should receive antiretroviral drugs within 6-12 hours of delivery.

Infants Born to Person with **Unknown HIV Status**



Rapid HIV Testing for All Infants

Inform the person legally authorized to provide consent for the infant that rapid HIV testing is indicated.

Hepatitis B or C Exposure

Hepatitis B



STAT

Within 12 hours of birth:

• Hepatitis B immune globulin (HBIG)

Infants Born to

HBsAg-positive Person

Hepatitis B Vaccine



Further Care

- 2 or more doses of hepatitis B vaccine
- Post-vaccination serology 3-6 months after vaccine series completion

Infants Born to Unknown HBsAg **Status Person:** Test

Safely Surrendered Babies Born to Unknown HBsAg **Status Person**: *Treat* as if positive



All infants should receive hepatitis B vaccine within 24 hours of birth.

313-503-1873

248-840-4785

616-397-6586

616-479-0883

313-505-4005

Hepatitis C

Infants Born to Person with **HCV**

Detectable HCV RNA in pregnancy



Infants exposed to HCV should be referred to infectious disease or gastroenterology.



Infant Screening

0-2 Months: No testing 2-18 Months: HCV RNA Test 18+ Months: HCV RNA or HCV

Syphilis Exposure



Infants Born to Person with **Syphilis**

Consult Pediatric

Infectious Disease

nontreponemal test

penicillin G: refer to

CDC STI Treatment

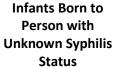
(RPR or VDRL) of

neonate's serum

Infant may need

Guidelines

Quantitative





No infant should leave the hospital until birthing person's syphilis serologic

status is documented.

Perinatal Consultation Support

- Michigan HIV and HCV Consultation Program at Henry Ford Health System:
 - For Urgent Questions 24/7: 313-575-0332
 - henryford.com/hivconsult
 - henryford.com/hepcconsult
- Midwest AIDS Training and Education Center Michigan:
 - Urgent Questions 313-408-3483
 - Non-urgent Questions: 313-962-2000 or matecmichigan.org
- National Perinatal HIV Consultation and Referral Service: 1-888-448-8765
- Theodore Jones, MD, FACOG, Beaumont Health Maternal/Fetal Medicine
- Elizabeth Secord, MD, Wayne State University Department of Pediatrics HIV Services
- Minerva Galang, MD, Mercy Health Infectious Disease
- Rosemary Olivero, MD, Helen DeVos Children's Hospital, Grand Rapids
- Eric McGrath, MD, Wayne State University School of Medicine Department of Pediatrics, Division of Infectious Diseases and Prevention

Antibody testing

Resources

- Michigan Department of Health and Human Services
 - Perinatal HIV Questions and Reporting: 313-434-4419
 - Perinatal Hepatitis B Questions and Reporting: 517-242-8319
 - Perinatal Hepatitis C Questions and Reporting: 517-335-8165
 - Congenital Syphilis Questions and Reporting: 313-316-4680
- CDC Perinatal Testing Recommendations: cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html
- Clinical Guidelines for HIV: clinicalinfo.hiv.gov/guidelines

For additional resources, please visit: Michigan.gov/PerinatalHIVSTI

Revised 07/2023